PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) **FY 2005** *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) TEL 001 P2 CI 5
Application Number 10/716,972	Filed 11-19-2003

For   TELECONFERENCING METHOD AND SYSTEM

Art Unit 2643	Examiner Wing F. Chan

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$_____
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$_____
☑	Three months (37 CFR 1.17(a)(3))	$1020	$510	$ 510.00
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$_____
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$_____

☑ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☑ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____50-1287_____. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the· ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number 34,844

☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____

Signature _____   Date 8-26-05

MATTHEW R. JENKINS   937/298-2811
Typed or printed name   Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☑ Total of ____1____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

9/29/2005 GWORDOF1 00000050 10716972

: FC:2253   510.00 OP

Adjustment date: 09/23/2005 AKELLEY
08/29/2005 GWORDOF1 00000050 10716972
02 FC:2253   -510.00 OP

Refund Ref:
09/23/2005   0030025700

Credit Card Refund Total: $510.00

Master C: XXXXXXXXXXXXX0148

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 9/22/05	2 Serial/Patent # 10/716,972

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			$
Amendment			$
✓ Extension of Time		8/26/05	$ 510
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

7 TOTAL AMOUNT OF REFUND	$510

8 TO BE REFUNDED BY:

	Treasury Check
✓	Credit Deposit A/C #:

9 | S | O | -- | 1 | 2 | 8 | 7 |

10 REASON:

	Overpayment
✓	Duplicate Payment
✓	No Fee Due (Explanation):

Unnecessary

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: WAN LAYMON   TITLE: pat. Exam

SIGNATURE: Wan Layman   PHONE:

OFFICE:

****

THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: Alycia Hill   DATE: 9/22/05

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

FORM PTO 1577
(01/30)